

CITY OF LOS ANGELES

Please Renew Online at finance.lacity.org



CITY OF LOS ANGELES

DAYTIME PHONE ()

Care Of: Legal Name: Business Address: Mailing Address:

PLEASE FOLD SO THAT LOWER CITY OF LOS ANGELES ADDRESS SHOWS THROUGH RETURN ENVELOPE WINDOW - COMMUNICATIONS USERS TAX STATEMENT

| ACCOUNT NUMBER | FUND/CLASS CODE | PERIOD | OUT OF BUSINESS DATE | DATE DUE | DELINQUENT AFTER |
|----------------|-----------------|--------|----------------------|----------|------------------|
| | | | | | |
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PLEASE COMPLETE THE FOLLOWING TAX INFORMATION. THE TAX RATE IS 9% OF THE TAXABLE CHARGES.

| 1. Enter intrastate taxable charges for the period indicated above. | \$ |
|---|----|
| 2. Enter interstate/international taxable charges for the period indicated above. | \$ |
| 3. Enter VoIP taxable charges for the period indicated above. | \$ |
| 4. Enter Total Prepaid Services charges for the period indicated above. \$ | |
| 4A. Enter Prepaid Services taxable charges for the period indicated above. | \$ |
| 5. Enter Private Communication Services , such as T-1 lines, taxable charges for the period indicated above. | \$ |
| 6. Enter other taxable charges for the period shown above. | \$ |
| 7. *Enter total taxable charges for the period shown above (sum of lines 1, 2, 3, 4A, 5 & 6). (BASIS FOR TAX) | \$ |
| 8. Multiply Line 7 by 9% (0.09) | \$ |
| 9. Enter interest, if delinquent (see the second page). | \$ |
| 10. Enter penalty, if delinquent (see the second page). | \$ |
| 11. Enter total tax, interest and penalty due (the sum of lines 8, 9 and 10). PAY THIS AMOUNT | \$ |

*Must include, but is not limited to: usage charges for VoIP, Private Communications Services (such as T-1 lines), custom calling features, text messaging, instant messaging, ancillary services, prepaid and post-paid services, paging services and 800 services as well as other covered charges such as monthly service fees, feature charges, equipment rentals, deaf trust surcharges, State PUC users fees, Universal Life Trust Fund, late payment charges and charges for non taxable services billed together with taxable services.

| PLEASE MA | KE A COPY OF Y | OUR COMPLETE | d form f | -OR YOUR | RECORDS. | RETURN OF | RIGINAL WITH | YOUR PAYMEN | T. |
|----------------------|---------------------------------------|-------------------|----------|----------|----------|-----------|---------------------------------------|---------------|----------|
| Payment by: Check | Money Order | MasterCard | 🗌 Visa | 🗆 ACH | | | | **No Split Pa | yments** |
| Name on Card (Print) | | | Acc | t # | | | | Exp Date | _/ |
| Amount Paid \$ | · · · · · · · · · · · · · · · · · · · | Authorized Signat | ture | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | | | | |

Fee Disclosure: All Visa Debit Card payments will be assessed a flat fee of \$3.95 per transaction with a maximum allowed payment amount of \$1,200. All other Credit or Debit Card payments will be assessed a fee equal to 2.7% of the payment amount with a minimum fee of \$3.95. This fee will be assessed to the same Credit/Debit card provided above.

Payments of \$50,000 or more require ACH (see reverse) Your check or money order must be drawn on United States banks MAKE CHECK OR MONEY ORDER PAYABLE TO: Office of Finance, City of Los Angeles only. Please write your account number on your payment.

ATTENTION – PLEASE READ

Non-financial information such as name, business address, etc., contained in your City of Los Angeles tax and permit records, is subject to public disclosure under provisions of the California Public Records Act, Government Code Section 6250 et seq. If you are engaged in a homebased business, your residential information is also subject to public disclosure if that location is utilized for business purposes.

I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE THE FOREGOING IS TRUE AND CORRECT.

| SIGNATURE | DATE | TITLE |
|--------------------------------------|------------------------|-------------------------|
| IF THERE HAS BEEN A NAME, ADDRESS, | OR OWNERSHIP CHANGI | E, PLEASE COMPLETE THE |
| SECOND PAGE AND THE FORM ABOVE, CO | MPUTING THE TAX FOR TH | E LAST PERIOD OPERATED, |
| AND RETURN THE FORM TO THIS OFFICE W | /ITH YOUR PAYMENT. | |

TAX OR FEE IS NOW DUE

| | | MAIN C | DFFICE | | |
|---|----------------------|-------------------------------------|----------------------|-------------------------------------|---------------------------------------|
| City Hall (Use Main St. Entrance) | 200 N. Spring Street | Rm. 101 | PHONE (844) 663-4411 | Open Mon. through Fri. | 8 AM to 5 PM |
| | | BRANCH | OFFICES | | |
| Van Nuys Civic Center Braude Constituent Services Center | 6262 Van Nuys Blvd. | Rm. 110 | PHONE (844) 663-4411 | Open Mon. through Fri. | 8 AM to 5 PM |
| West Los Angeles | 1828 Sawtelle Blvd. | Rm. 102 | PHONE (844) 663-4411 | Open Mon. through Fri. | 8 AM to 5 PM |
| | | | | | |
| | | | | | |
| | | | | | |
| Figueroa Plaza Building One Stop Permitting Center | 201 N. Figueroa St. | 3 RD Floor Counter 17 | PHONE (844) 663-4411 | Open Mon., Tue., Thu., Fri. Wed. | 7:30 AM to 4:30 PM 9 AM to 4:30 PM |

IMPORTANT INFORMATION

ARTICLE 1.1 of the L.A.M.C.

Visit the Office of Finance website at finance.lacity.org or contact us at Finance.PhoneTax@lacity.org for more information.

The person(s) providing information regarding the supply of communications services subject to the tax effective October 1, 1987, must collect taxes imposed by Article 1.1 of the Los Angeles Municipal Code from service users. **Communication service providers must report and remit the tax on either their charges paid or their charges billed, depending on their previously selected method.** The tax period, due and delinquent dates are based on these **methods.** When collections are not remitted to the City of Los Angeles, Office of Finance before the delinquent date, interest and penalties accrue as follows:

INTEREST – If any tax due for a month is not paid in one of the offices listed above by **5 P.M.** (or postmarked by the U.S. Post Office by 11:59 P.M., if mailed) by the due date, interest at the rate of **0.3% per month** shall apply to the principal tax due until paid. Interest applies only to the principal tax due and not to any penalty incurred for delinquency.

PENALTY-- If any tax due for a month is not paid in one of the offices listed above by **5 P.M.** (or postmarked by the U.S. Post Office by 11:59 P.M., if mailed) by the due date, a penalty of **5%** of the principal tax due shall apply. A penalty of **10%** applies to the 2nd month of delinquency, **15%** applies to the 3rd month of delinquency, and **20%** applies to the 4th month. An additional penalty of 20% of the tax due shall apply if payment is not made on or before the last day of the fourth month following the imposition of the first penalty. Penalty applies only to the principal tax due, and not to any interest incurred for delinquency.

Please note that on September 25, 2004 Ordinance #176160 became effective requiring all tax payments of \$50,000 or more to be made by electronic funds transfers. You must pre-register in order to make payment by means of electronic funds transfers. Please call (213) 922-9690 for further information.

CHECK APPROPRIATE STATEMENT

| | (a) | LEGAL NAME CHANGE | | DATE |
|---|-----|--|------------------------|-----------------------------|
| | | IF THIS IS AN OWNERSHIP CHANGE, NEW OWNER'S PHONE NUMBER (|) | |
| | (b) | BUSINESS ADDRESS | | DATE |
| | | CITY STATE | ZIP | |
| | | IS THIS A RESIDENTIAL ADDRESS (Y/N)? | ADDRESS LOCATED OUTSID | DE THE UNITED STATES (Y/N)? |
| | (C) | DBA (DOING BUSINESS AS) | | DATE |
| | (d) | MAILING ADDRESS | | DATE |
| | | CITY STATE | ZIP | |
| | | C/O | | |
| | | IS THIS A RESIDENTIAL ADDRESS (Y/N)? | ADDRESS LOCATED OUTSID | DE THE UNITED STATES (Y/N)? |
| | (e) | ALL RENTAL PROPERTIES SOLD | DATE | |
| | (f) | ENTIRE BUSINESS (ES) SOLD OR DISCONTINUED | DATE | |
| | (g) | INDIVIDUAL BUSINESS ACTIVITY SOLD OR DISCONTINUED | DATE | CLASS CODE (S) |
| | (h) | PORTION OF BUSINESS ACTIVITY SOLD OR TRANSFERRED | DATE | CLASS CODE (S) |
| | (i) | IF YOU RELOCATED ALL OR PART OF YOUR BUSINESS OUT OF T | HE CITY OF LOS ANGE | ELES, STATE REASON(S) HERE: |
| _ | () | | | |
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